

## UPSTREAM vs. TRADITIONAL PUBLIC HEALTH

Public Health Practices	Traditional Model (examples)	Equity Model (examples)
<b>Problem Areas</b>	Focus on threats to the community through surveillance of cases, the promotion of healthy behaviors, and treating diseases to prevent complications or transmission.	Additional focus on societal systems, policies, and practices that result in the inequitable distribution of upstream health determinants.
<b>Primary Interventions</b>	<p>Most effort focused outside of the policy sphere, such as nursing home visits, restaurant inspections, immunizations, communicable disease management, health education &amp; encouraging healthy behaviors, and screening for early disease or risk factors.</p> <p>Policy efforts often narrowly focused, e.g., motor vehicle laws, food and occupational safety laws, family planning, fluoridation of drinking water, anti-smoking measures, use of tobacco settlement funds.</p>	<p>Institutional commitment to upstream interventions, in addition to (not in place of) traditional interventions.</p> <p>Staff devoted to policy development and analysis, and to collaboration with others who are addressing social determinants of health.</p> <p>Broaden the focus of all of the essential public health services to include the influence of key upstream health determinants, i.e. adequate income, good education, affordable, safe child care, affordable, safe housing, employment opportunities, vocational training, literacy, early childhood experiences, social support, transportation, food security &amp; accessibility, and other examples.</p> <p>Skills for, and commitment to, Community Civic Capacity Building.</p>
<b>Collaborative Work</b>	Typically with healthcare providers and with community groups representing marginalized community members (often for research or for input in setting departmental health priorities).	<p>Development of a transparent, inclusive structure that supports true community partnerships.</p> <p>Expansion of partnerships to groups that deal with human rights, civil rights, and social advocacy.</p> <p>Dedication of some resources to neighborhood mobilization and community organizing to work on issues related to the self-interests of a community.</p>

Andress, 2008; Traditional public health practices versus health equity practices. Adapted and modified from 1) the Bay Area Regional Health Inequities Initiative, Internal Capacity Committee, Standards and Competencies: <http://www.barhii.org/programs/standards.html> ; and 2) A Dialogue-Based Tool for Assessing/Describing the Social Justice Orientation of a Local Health Department, April 2008, Doak Bloss at dbloss@ingham.org, Ingham County Health Dep